SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County**

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Address to send permit <u>DA じつ</u>

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN





Permit #: Date: Amount Paid: Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

Charles are made raughle for Paying County Zoning Department.

Bayfield Co. Zoning Dept.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. FILL OUT IN INK (NO PENCIL)														
TYPE OF PERMIT F	REQUEST	ΓED→	□ LANE	USE 🗆 SA	NITAR		CONDITI	A STATE OF THE PARTY OF THE PAR	C A. C. AND DESCRIPTION	USE 🗆	B.O.A	. \Box	OTHE	R
Owner's Name:	4.4		1			ng Address:	776	City/State		Ciar		Teleph		2017
DAUID Address of Property				5	City/	30 Schie State/Zip:	55 KU	Barn	es wit	2987	13 "	73 715-745-2797 Cell Phone:		
3530 Sa	chie	55 7	RD.			rnes WI	. 59	(87 3			F	715-6	38-6	0424
Contractor					Conti	ractor Phone:	Plumber:	0, /					er Phon	
Contractor Phone: Plumber: Cleary Building 651 - 587-3754 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip):												\\/ritto	n Autho	rization
Tay ID#												Attach Yes	ed)
PROJECT LOCATION	Legal Description: (Use Tax Statement) Tax ID# 1431									Recorded Document: (Showing Owner 932 509				
WXO 1/4, 1/4 Gov't Lot Lot(s) CSM Vol & Page CSM Doc # Lot(s) No. Block(s) No. 932 504										Subdivis	ion:			
Section 4	, Tow	nship _	44_ N, R	ange 9\	N	Town of:				Lot Size			age 3	
						eam (incl. Intermittent)	Distance	Structure	is from Shorelin	2	Is Prope			Wetlands
Shoreland →		reek or Landward side of Floodplain? Als Property/Land within 1000 feet of La					Distance	-	is from Shorelin		loodplai	es		Present?
☐ Non-Shoreland					If y	escontinue ->	-	500		feet		lo		□ No
Value at Time of Completion							# of		W	nat Type	of			Type of
* it/clude		Project		# of Stories		Foundation	bedroo	Sewer/S		Sanitary S	System			Water
donated time & material							structure Is on			the property?				property
A.	Addition/Alteration			✓ 1-Story		☐ Basement	□ 1		☐ Municipal/City					☐ City
\$5,000.00				☐ 1-Story +			☐ 2 ☐ (New) Sanitary						≪Well	
25,000.			existing bldg)	☐ 2-Story	X SIAB		□ 3				Specify Type: Drawn Vaulted (min 200 gal			
	☐ Run a Business on					Use	≫ Non		☐ Portable (w/service contract)					
	Pro	perty				X Year Round	Compost Toilet							
									Vone	,				
Proposed Constru		rmit bei	ng applied fo	r is relevant to i	t)	Length: 3 (0	Wid Wid			Hei Hei	ght:	20	
oposeu consu	uction.					Length.		VVIC	CII.		пец	gnt.		-
Proposed Us	e	1			Proposed Structure						ension	S		quare ootage
,						ture on property)				(,	Х)		
5 An	-		Residence (i.e. cabin, hunting shack, etc.)								X)		
Residential	Use		with Loft with a Porch								X	<u>)</u>		
			with (2 nd) Porch)		
*				with a Deck							Х)		
☐ Ćommercial	Use			with (2 nd) D		rage				1	X)	4 1	
*			with Attached Garage Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)								X)		
		Mobile Home (manufactured date)									Х)		
DAnnisia all		- 🗆	Addition/Alteration (specify)								Х	٠,)		
☐ Municipal U	ise	X	Accessory Building (specify) (x45	_)	16	20
_			Accessory	/ Building Add	ition/	Alteration (specify	(Х)					
-			Special Us	se: (explain)						7	Х	1		*
			Condition	al Use: (explain	n)					(Х)		
			Other: (ex	plain)						(Х)		
(are) responsible for the result of Bayfield County property at any reasonab	detail and a relying on he time for	this information	any accompanying f all information I mation I (we) am use of inspaction.	; information) has be (we) am (are) provid (are) providing in or	en examin ing and th with this a	TING CONSTRUCTION vied by me (us) and to the bat it will be relied upon by application. I (we) consent	est of my (our) Bayfield Count to county offici	knowledge and y in determinir als charged wit	d belief it is true, corre ng whether to issue a p th administering count	ct and comple ermit. I (we) y ordinances	further ac	cept liabi cess to th	lity which ne above (may be a described
Authorized Agent:	4.6	u ara sia	rning on hohal	f of the owner(s)	a lotter	of authorization mus	t accompany	, this applie	otion)	Date _				

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Driveway and (*) Frontage Road (Name Frontage Road)

Fill Out in Ink - NO PENCIL

ebox below: Draw or Sketch your Property (regardless of what you are applying for)

Proposed Construction

North (N) on Plot Plan

All Existing Structures on your Property

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(1)

(2)

(3)

(4)

(5)

(6)

Show Location of:

Show Location of (*):

Show / Indicate:

Show any (*):

Show:

Show:

(7)Show any (*): (*) Wetlands; or (*) Slopes over 20% House Garage Please complete (1) - (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept. (8) Setbacks: (measured to the closest point) Description Measurement Description Measurement Setback from the Centerline of Platted Road 300 Feet Setback from the Lake (ordinary high-water mark) Feet Setback from the Established Right-of-Way Setback from the River, Stream, Creek Feet Feet Setback from the Bank or Bluff Feet Setback from the North Lot Line Feet Setback from the South Lot Line Feet Setback from Wetland Feet Setback from the West Lot Line 100 Feet 20% Slope Area on the property ☐ Yes □ No Setback from the East Lot Line 100 Feet Elevation of Floodplain Feet 150 Setback to Septic Tank or Holding Tank Feet Setback to Well 250 Feet Setback to Drain Field Feet Setback to Privy (Portable, Composting) Feet undary line from which the setback must be measured must be visible from o Prior to the placement or construction of a structure w n ten (10) feet of the other previously surveyed corner or marked by a licensed surveyor at the owner's expense Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be rked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. Sanitary Number: # of bedrooms: Sanitary Date: Issuance Information (County Use Only) Permit Denied (Date): Reason for Denial: Is Parcel a Sub-Standard Lot ☐ Yes (Deed of Record) ☐ Yes Mitigation Required ☐ Yes Affidavit Required □ No Is Parcel in Common Ownership ☐ Yes (Fused/Contiguous Lot(s)) ₫ No Mitigation Attached ☐ Yes Affidavit Attached ☐ Yes ■ No ☐ Yes Is Structure Non-Conforming **☑** No Granted by Variance (B.O.A.) Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #: ☐ Yes ☐ No Was Parcel Legally Created Were Property Lines Represented by Owner □ Yes □ No Was Property Surveyed Was Proposed Building Site Delineated LYES No Old Foundation □ No Inspection Record: Foundation of Privar The **Zoning District** Lakes Classification (Date of Inspection: Inspected by: Date of Re-Inspection: Condition(s): Town, Committee or Board Conditions Attached?

Yes No – (If No they need to be attached.) Condition: No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and Signature of Inspector Date of Approval: maintain setbacks. Hold For TBA: Hold For Sanitary: Hold For Affidavit: Hold For Fees: ☐

Town, City, Village, State or Federal Permits May Also Be Required

or if any prohibitory conditions are violated.

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-	0142	!		Issue	d To: [Davi	d Schiess							
Location:		1/4	of	-	1/4	Section	า 4	l Township	44	N.	Range	9	W.	Town of	Barnes
			W 2	280'	of										
Gov't Lot			I	Lot	9	E	Block	Su	ıbdivisi	on				CSM#	

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

		Tracy Pooler
NOTE:	This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.	Authorized Issuing Official
	Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been	
	misrepresented, erroneous, or incomplete.	June 3, 2019
	This permit may be void or revoked if any performance conditions are not completed	Date

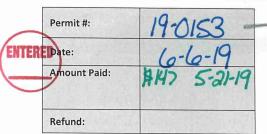
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. Washburn, WI 54891 (715) 373-6138

Authorized Agent:

Address to send permit_

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN





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TYPE OF DEDMIT DECUIECTED A WILAND USE I CANIFADY I BRIDE I CONDITION I											
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Trou (000	ed	er.	4	22 Rudol		Caneron	1); 54822	Teleph	one:	
Address of Property:				City	/State/Zip:		Cell Phone:				
46225	Cra	berr	u Lake	Rd. B	arnes. U	;	54873	715-651-346			
Contractor:	1) == (lumber:	J90()	Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Z										n Authorization	
NA Attached											
PROJECT Legal Description: (Use Tax Statement) Tax ID# Recorded Document: (Showing Owners 2006 R 50759 2											
SE 1/4, SW 1/4 Gov't Lot Lot(s) CSM Vol & Page CSM Doc# Lot(s) No. Block(s) No. Subdivision: Cranberry Lake											
Section 31	,Tow	nship <u>(</u>	14 N, R	ange W	Town of: P63	ies		Lot Size	Acre	eage 5.2	
		Proporti	/I and within	200 fact of Divar St							
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material	,					structure		the property:		property	
	Nev	w Cons	truction	▼ 1-Story	☐ Basement	□ 1	☐ Municipal/City			☐ City	
\$ 2 0 0 000	☐ Add	dition/	Alteration	☐ 1-Story + Loft	☐, Foundation	□ 2	(New) Sanitary	Specify Type:	Specify Type:		
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			ness on		Use	√ None	☐ Portable (w/ser				
		n a Busi perty	ness on		Vear Round	W None	☐ Compost Toilet				
Fulacina Church	Pro	perty			Year Round	V None	☐ Compost Toilet☐ None	:			
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(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Copy of Tax Statement

Attach

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE pox below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL, **Show Location of:** (1)Proposed Construction Show / Indicate: North (N) on Plot Plan (2) (3)Show Location of (*): (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road) (4)Show: All Existing Structures on your Property (5)Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (6)Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7) Show any (*): (*) Wetlands; or (*) Slopes over 20% ٤

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measureme	ent	Description	Measur	ment	
Setback from the Centerline of Platted Road	260	Feet	Setback from the Lake (ordinary high-water mark)	NA	Feet	
Setback from the Established Right-of-Way	260	Feet	Setback from the River, Stream, Creek	NA	Feet	
			Setback from the Bank or Bluff	NA	Feet	
Setback from the North Lot Line	70 40	Feet		7		
Setback from the South Lot Line	230	Feet	Setback from Wetland	NA	Feet	
Setback from the West Lot Line	500	Feet	20% Slope Area on the property	☐ Yes	√No	
Setback from the East Lot Line	240	Feet	Elevation of Floodplain	NA	Feet	
Setback to Septic Tank or Holding Tank	(00	Feet	Setback to Well	(00	Feet	
Setback to Drain Field	60	Feet		- 00	reet	
Setback to Privy (Portable, Composting)	NA	Feet				

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

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(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

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Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:					
Permit Denied (Date):	Reason for Denial:								
Permit #: 19-0153	Permit Date: 6-6	-19							
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming ☐ Yes (Deed of Record ☐ Yes (Fused/Contiguent) ☐ Yes	ous Lot(s)) 💆 No	Mitigation Required Mitigation Attached		Affidavit Required Affidavit Attached	☐ Yes				
Granted by Variance (B.O.A.) ☐ Yes No Case #:		Previously Granted by Variance (B.O.A.) ☐ Yes ☑ No Case #:							
		Were Property Lines Represented by Owner Was Property Surveyed Wes							
Inspection Record: 5/21/A Denven RD close				Zoning District Lakes Classification	(F-1)				
Date of Inspection: 674/19	Inspected by:	1		Date of Re-Inspec	tion:				
Condition(s): Town, Committee or Board Conditions Attac	hed? Yes No - (If)	No they need to be atta	ched.)						
Signature of Inspector.	for human habit without necessary pressurized wate	cessory building shall tation / sleeping processory and UDC per shall enter the connection to POWT:	ourposes mits. No building	Date of Appro	val:6/4/19				
Hold For Sanitary: Hold For TBA:	Hold For Affice	avit. 🗆	noid roi rees. 📗	_					

own, City, Village, State or Federal permits May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

19-0153 **Troy Guider** No. Issued To: N 340' of Location: SE 1/4 of SW 1/4 Section Range 9 Town of **Barnes** Township Lying West of Cranberry Lake Rd Gov't Lot CSM# Lot Block Subdivision

For: Residential Accessory Structure: [1- Story; Garage (36' x 48') = 1,728 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

June 6, 2019

Date